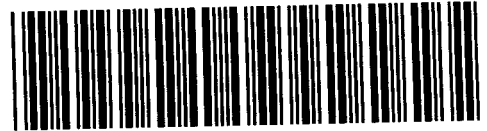




MAINE REVENUE SERVICES  
INCOME/ESTATE TAX DIVISION  
P.O. BOX 1061  
AUGUSTA, ME 04332-1061



980621000

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

FORM 941ME LOOSE

Withholding Account Number

Quarter Ending

1. Maine Income Tax withheld for this quarter  
(Semi-weekly employers complete Sched-  
ule 1 below) ..... 1

Name and Address

Mo. Day Year

2. Less Form 900ME voucher payments or EFT  
payments (from Schedule 1, line 5 below) . 2

3. Amount due with this return  
(line 1 minus line 2) ..... 3

UC Account No.

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**Reconciliation of 900ME Voucher Payments (See Instructions)**  
**Schedule 1** - For employers required to remit withholding taxes on a semi-weekly basis.

Date Wages Paid	Amount Withheld	Check Amount

Date Wages Paid	Amount Withheld	Check Amount

Date Wages Paid	Amount Withheld	Check Amount

4. Total Withholding This Quarter (Enter here and on line 1 above)

5. Total Remitted with Forms 900ME This Quarter (Enter here and on line 2 above)

**CANCELLATION NOTICE**

6. Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases.

☐ FINAL

Reason for cancellation \_\_\_\_\_

Last Payroll Date:

Mo. Day Year

Business Sold to (name): \_\_\_\_\_

(address): \_\_\_\_\_

Date Sold: \_\_\_\_\_

Tel. # \_\_\_\_\_

Office use only